City of Houston Department of Health and Human Services Bureau of Laboratory Services 2250 Holcombe Blvd, Houston, TX 77030 (832) 393 - 3900

LABORATORY REPORT for PM₁₀ FILTER

			Bureau of Pollution Control and Prevention 7411 Park Place Houston, TX 77087
Sample Description: I	PM-10 Filter	Analysis Requeste	ed: <u>Particulates</u>
Site:	Sample Date:	Minutes Sar	npled:
Received By:	Date:	Tit	le: Chemist
Weighed By:	Date:	Ti	tle: <u>Chemist</u>
Test Method: 40CFR	Part 50, Appendix J		
Comments:			
Filter Number	Air Volume (m³)	Particulates Collected (g)	Final Result (ug / m³)
Additional Lab Inform	nation:		
	Superviso		
Signature:			
Rev.: 03 Date: 02/2012	Page 1 c	of 1	

Effective: 02/21/2012

End of Report

Laboratory Chain of Custody / Lead Test Report

Client Address:					
			essment	Clearance	e
			Sample Type:		
	Ву:				_
Analysis Requested	l: Pb in Soil Test	Method (Modified) Method (Modified)		MRL: <u>2(</u>	Oug/g []
Sample Number (Field)	Sample Number (Lab)	Bare or Covered	■ 34 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Unit	Remarks
					kentraktivi kindekterinde jeji mala taki pameranda prapa prapa a kapupa papa dalam jej
an a sanaan isan ee gaa ka k	60% of when the management of the forest contract and despite and property following about the contract and account account and account and account and account account account and account account and account account account and account account account account and account accoun				
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					et (болической достой на примера на примера На примера на пример
	amples on this page:_				
	FOR L	ABORATORY U	USE ONLY		
Date Received:	Ву:			Title: Chemis	<u>u</u>
Date Digested:	Ву:			Title: Chem	ist
	Ву:				
	e:Supervisor				
Analyses performed by:	Health and Human Services			2	

Analyses performed by:
Houston Department of Health and Human Services
Bureau of Laboratory Services
2250 Holcombe Blvd., Houston, TX 77030
832-393-3900
Revision: 6 Date: 02-13-2012

CITY OF HOUSTON Inorganic Lab Report

Field No:____

Houston Department of Health and Human Services Bureau of Laboratory Services 2250 Holcomb Blvd Houston, TX 77030

			832-393-3	900			
SI	JBMITTER: <u>Bureau of Pollu</u> 7411 Park Plac 832-393-5730	ution Control & Preventio e, Houston, TX 77087	<u>n</u>	Aqueous Ma	<u>atrix</u>		
SA	AMPLE LOCATION:		_	STATION ID	*		_
SA	MPLER:					E	-
DA	ATE COLLECTED:		_	PRESERVAT	TION CHECK	ED Initia	iis
TIP	ME COLLECTED:		-		pH: <2)	yes no_	······································
· · · · · · · · · · · · · · · · · · ·	Laboratory A	nalysis	Suffix*	Date/Time of Analysis	Analyst	Test Method	MRL mg/L
1.	pH	@ Temp. °C	NA1			SM 4500-H*B	N/A
2.	Conductivity	μS	NA1			SM 2510 B	N/A
3.	TSS	mg/L	NA1			SM 2540 D	4
4.	c r	mg/L	NA1			EPA 300.0	5
5.	N-NO ₃	mg/L	NA1			EPA 300.0	0.02
6.	S04	mg/L	NA1			EPA 300.0	5
7.	N-NH ₃	mg/L	A1			EPA 350.1	0.1
8.	T-PO4	mg/L	A1			EPA 365.1	0.02
*Suf	e: This report contains only the fix — NA1, NA2, is added to solutional Laboratory Information	ample numbers for Non-Ac	idified sample	es. A1, A2, for Acidified		I, except in full.	
Date	Reported:L	_aboratory Supervisor Nam	ie:	s	ignature:		

Page 1 of 1 Rev 02/2012

NELAC Certificate Number: T104704253-11-4

Laboratory Chain of Custody / Lead Test Report Wipe Samples Testing

Client Address: Bureau of Community and Children's Environmental Health 8000 N. Stadium Drive, 2nd floor, Houston, TX 77054 Office: 832-393-5141 Fax: 832-393-5210 Case Number: Risk Assessment Clearance Grant /Program: _____ Sampling Date: ______ Sample Type: Wipe Sample Collected By: _____ License # Analysis Requested: Pb in wipe Test Method (Modified): 40CFR Part 50 App.G MRL: 10ug/wipe Remarks: Laboratory results meet quality control standards. Field blanks for wipes have not been subtracted from values. Sample. Sample Location Component Dimensions Total . Number . Number Sampled Sampled Of Surface Lab (Field) (Lab) Surface Result 4 Area Sampled Sampled (ug/ft²) 🦠 Total number of samples on this page:__ I certify that the wipes used to collect these samples conform to the specifications of ASTM E 1792. By:______Date:_____ FOR LABORATORY USE ONLY Date Received: ______ By: ______ Title: Chemist

Date Digested: ______ By: ______ Title: Chemist

Date Reported: Supervisor (Print):

Analyses performed by:
Houston Department of Health and Human Services
Bureau of Laboratory Services
2250 Holcombe Blvd., Houston, TX 77030
832-393-3900
Revision: 6 Date: 02-13-2012

Supervisor's Signature:

Date Analyzed: ______ By: _____

Title: Chemist

Laboratory Chain of Custody / Lead Test Report

806	reau of Community ar 00 N. Stadium Drive,2 fice: 832-393-5141 F	floor, Houston, T.	nmental Health X 77054		
	ice. 832-393-3141 F		nent	Clearand	
				Citalan	
			iple Type:		
Sample Collected I	By:	Lice	ense #		
	Pb n Soil Test M Pb Test N sults meet quality control s	fethod (Modified): _		_	0ug/g [1
Sample Number (Field)	Sample Number (Lab)	Bare or Covered	Lab Result	Unit	Remarks
Total number of sa	mples on this page:				
Additional Lab infor	mation:				
		ABORATORY USE			
	By:			Title: Chem	ist
	By:			Title: Cher	nist
	By:			Title: Chei	
	Supervisor (I				
Analyses performed by: Houston Department of Hi Bureau of Laboratory Serv	ealth and Human Services			Page 1 of 1	

Analyses performed by:
Houston Department of Health and Human Services
Bureau of Laboratory Services
2250 Holcombe Blvd., Houston, TX 77030
832-393-3900
Revision: 6 Date: 02-13-2012

CITY OF HOUSTON Inorganic Lab Report

Field No:

Houston Department of Health and Human Services Bureau of Laboratory Services 2250 Holcombe Blvd Houston, TX 77030 832-393-3900

SUI AD	BMITTER: DRESS:				Aqueous Sample I pH < 2.0	Received on ice	Минический компоний учений.
San	npled By:	Dat	e Sampled			ampled:	
Site	Address:						
		escription					
		nation			***************************************		
Reli	nquished by:	Receive	d by:			Date:	
Nen	riquistied by.	Receive	d by:			Date:	anirishmannen drassmee
кер	Analysis	ng/L (aqueous) Results	Suffix*	Analysis Date	Analyst	Test Method	MRL mg/L
1	рН	@ °c	NA1			SM 4500-H*B	N/A
2	Ag		M 1			6010B/3005A	0.01
3	Cq		M1			6010B/3005A	0.01
4	Cr		M1			6010B/3005A	0.01
5	Cu		M1			6010B/3005A	0.01
6	Mn		M1			6010B/3005A	0.01
7	Ni		M1			6010B/3005A	0.03
8	Pb		M1			6010B/3005A	0.05
9	Zn		M1			6010B/3005A	0.03
10	Hg		M1			EPA 7470A	0.0005
11	O&G		OG1		Property is a manage	EPA 1664	16
12						en Transie de la companya de la comp	<u> </u>
13						Manada garaja a saski ya kisinani danda afini disa-disa da abada dan muningi a sakan ginah nga ana hiri	
		d meets or exceeds all QC criteria unless note	ed below. *S	uffix is added to san			l plan.
ate (Reported:	Laboratory Supervisor Nam			Signati		

CITY OF HOUSTON Inorganic Lab Report

Field No:_____

Houston Department of Health and Human Services Bureau of Laboratory Services 2250 Holcombe Blvd Houston, TX 77030 832-393-3900

AD	DRESS:		Soil Matrix Sample Received on ice				
						ampled:	
						Permit#:	
		cription					Marting the Control of Control of Control
		tion				W. W. C.	Medican Majorica (Majorica)
Reli Reli	inquished by: inquished by:	Receive	d by: d by:			Date:	Mindowski padana.
	orting Unit: mg		- J.			Date	
	Analysis	Results	Suffix*	Analysis Date	Analyst	Test Method	MRL mg/Kg
1	рН	@ °c	S1			EPA 9045	N/A
2	Ag		S1			6010B/3050B	2.0
3	Cd		S1			6010B/3050B	2.0
4	Cr		S1			6010B/3050B	5.0
5	Cu		S1			6010B/3050B	5.0
6	Mn		S 1			6010B/3050B	5.0
7	Ni Ni		S1			6010B/3050B	10.0
3	Pb		S1			6010B/3050B	10.0
,	Zn		S1			6010B/3050B	10.0
0	Hg		S1			EPA 7471A	0.5
1	O&G		S1			EPA 9071B	800
2							
3							
ote:	All data reported r	meets or exceeds all QC criteria unless not	ed below. *S	Suffix is added to sam	pple numbers a	as explained in the QA	plan.
dditi	onal Laboratory	Information:					
		Laboratory Supervisor Nam					

CITY OF HOUSTON Inorganic Lab Report

Field No:

Houston Department of Health and Human Services
Bureau of Laboratory Services
2250 Holcombe Blvd
Houston, TX 77030
832-393-3900

SUBMITTER: Bureau of Pollution Control & Prevention
7411 Park Place, Houston, TX 77087 832-393-5730

Air Filters

San	npled By:	Dat	e Sampled	*	Time	Sampled:	riveniuskasidenska
Site	Address:		***************************************		Site ID	D/Permit#:	···
San	ple Matrix/D	escription					
		mation					
Reli	nquished by	:Receive	d by:			Date:	
Reli	nquished by	:Receive	d by:			Date:	
Rep	orting Unit:	µg/filter	T		T		T
****************	Analysis	Results	Suffix*	Analysis Date	Analyst	Test Method	MRL µg/filter
1	рН	@ °C					N/A
2	Ag		F1			6010B/NIOSH 7303	0.5
3	Cd		F1			6010B/NIOSH 7303	0.5
4	Cr		F1			6010B/NIOSH 7303	0.5
5	Cu		F1			6010B/NIOSH 7303	0.5
6	Mn		F1			6010B/NIOSH 7303	0.5
7	Ní		F1			6010B/NIOSH 7303	1.5
8	Pb		F1			6010B/NIOSH 7303	2.5
9	Zn		F1			6010B/NIOSH 7303	1.5
10	Fe		F1			6010B/NIOSH 7303	10
11	Co		F1			6010B/NIOSH 7303	0.5
12	Hg		F1			OSHA ID-145	0.05
13					-		
Note:	All data report	led meets or exceeds all QC criteria unless no	ted below. *	Suffix is added to sar	nple number	s as explained in the QA	plan.
Addit	ional Laborat	ory Information:					and the second s
Date	Reported:	Laboratory Supervisor Nar	ne:		Signa	ature;	

CITY OF HOUSTON

Lab Date/Timo Stamp

Organic Lab Report

Houston Department of Health and Human Services

Bureau of Laboratory Services

	2250 Hole Houston, TX 7703	combe Blvd., 0. Tel# 832 393-	3927		
SUBMITTER:ADDRESS:					
Sampled by:			Time samp	led:	
Site Address:				Milled data) (ight make and milly a page mangapaga) na and and and and and and and and and and	офиренте нем и подел по нем водительной обородительной обородительной обородительной обородительной обородител
Sample Matrix / Description: Soil collection method : Bulk sam Additional Information:	pling jars		PLE RECEIVED d pre-weighed v	PLACED IN I	CE
Relinquished by:	Rec'c	i by:		Date:	oranno que resu supera sigua de alma sobre plan el mente del del mente del mente del descen y sego
Reporting Unit: mg/L for aqueous	mg/kg for soil				
Analysis	Result	Suffix*	Analyst	Date	Modified
					Method
1. Semi-Volatiles		SV	de en de en		EPA 8270
2. Volatiles		voc			EPA 8260B
3. Pesticides					EPA 8080
4. BTX/BTEX					EPA 8260B
5. TPH (nC ₆ to nC ₁₂)		TPH			TCEQ 1005
6. TPH (>nC ₁₂ to nC ₂₈)		TPH		litet i kontide sholis um umang mbum gaya gha ya yang ga ka	TCEQ 1005
7. TPH (>nC ₂₈ to nC ₃₅)		TPH			TCEQ 1005
8. TPH (nC ₆ to nC ₃₅)		TPH			TCEQ 1005
9. Propylene Glycol	of the contents of the content				
10. Ethylene Glycol					
lote: All data reported meets or exceeds at Suffix VOC 1, VOC 2, VOC3 is added to not replicates. SV 1, SV 2, SV 3 for semi-additional Laboratory Information, if appampling jars rather than hermetically so be present in the soil samples, samplinder the 30 TAC 334, Petroleum Storautik sampling is not suitable for soil contains.	sample numbers for volatile sam volatile samples and replicates. (propriate, is provided on a sep ealed vials. If prior sample infi ing should be done in hermeti ge Tank(PST) rule, samples co	only VOC and TPH parate sheet: Note cormation is not avaically sealed vials u an be collected by	are NELAC certing are From the Results are from the Results are from the Results are from the Results are not the Results are	fied parameter om samples co to nC12 hydro ce.	s. ollected in bulk ocarbons are suspecte
on semping is not suitable for soil con	caning low concentrations of	voidures.	das distributivativativativas para esperimenta e e e e e e e e e e e e e e e e e e e		
ate Reported: Lab Su	pervisor: Name:		Signature :		

END OF REPORT

Place Sample Number Tag Here

Page 1 of 1 Rev. Daste: 07/15/11

NELAC: Certificate Number: F104704253-08-TX (For VOC & FPH only)

Field No:

Analysis started			Date and Time rec	ceived:
	ognized Accreditation ertificate #	E.coli	& Total Coliforms	2
T1	.04704253		Analysis Report	
The results co	entained in this report apply samples described below		Health	CITY OF HOUST and Human Services Departm Bureau of Laboratory Servi Water & Dairy Laborat 2250 Holcombe B Houston, TX 770
Submitt	ter	To be the second se	 Account	Number
Addres	s			
Phone		FA	X	Email
	Description of Sampl	е		
	Date & Time of collect	ction		
	Collected by	manus companya and		
	Delivered by	- ing copy and become		
	Received by			
	Condition of Seals	Note the second		
		Ana	llyst/_ set up read	
	Lab Sample Number	CI ₂ mg/L	Total coliforms MPN/100 ml	<u>E</u> . <u>coli</u> MPN/100 ml

Note: Data reported meets or exceeds all NELAC required QC criteria unless noted below

Laboratory notes:

Reported by Signature Date Reported Laboratory Supervisor/Microbiologist (circle one)

NELAC Recognized Accreditation Certificate # T104704253	Surface Water Monitoring Report Clean Rivers Program
Analysis started	Date and Time received:
 The results contained in this report apply only to the samples described below	CITY OF HOUSTON Health and Human Services Department Bureau of Laboratory Services 2250 Holcombe Blvd. Houston, TX 77030
Collected by	
Armand Bayou	Run 19

Armand Bayou

	STATION NUMBER	SITE LOCATION	TIME SAMPLED	Cl₂ mg/L	LAB SAMPLE NUMBER	E. coli MPN/100ml	Enterococcus MPN/100 ml
1	11172 HG-192 20729	Little Vince Bayou @ N. Main St			536 H		
2	11405	Armand Bayou @ Fairmont Pkwy			578 F		
3	11404	Armand Bayou @ Genoa Red Bluff			578 L		
4	17487	Willow Spring Bayou @ Bandridge			578 D		
5	17486	Big Island Slough @ Hill Ridge			579 B		
6	11503	Armand Bayou @ Bay Area Blvd			619 A		
7	17485	Horsepen Bayou @ Penn Hills			618 F		

Methods performed: E. coli: IDEXX Colliert® -18(QT-2000) Enterococcus: IDEXX Enterolert™(QT-2000) Note: Data reported meets or exceeds all NELAC required QC criteria unless noted below Laboratory notes: Analyst _____/___ Name_____Signature____ Laboratory Supervisor/Microbiologist II (circle one) Date Reported _____

Analysis started		Date a	nd Time received:	
NELAC Recognized Accred Certificate #	litation E	nterocoo	cus	
T104704253		Analysis Re	port	
The results contained in this re only to the samples describe	eport apply ed below		Health and Human Services Bureau of Labora Water & Dair 2250 Ho	tory Services
Submitter		ntindishnei situlatikhoninkoi on selesen avasuu saakou sela	Account Number	
Address			7 COOUNT PURILED	
Phone	FAX	(Email	
насадальностического	.,,			
Descripti	ion of Sample			for Mali del manare.
Date & T	ime of collection			No. All considerations
Collected	d by			minore manus
Delivered	d by			NOTION OF THE PROPERTY OF THE
Received	by			
Condition	n of Seals			Not operate man
	Anal	yst/		
			read	
	Lab Sample Numbe	r Cl ₂ mg/L	Enterococcus MPN/100 ml	
	TECHNICAL CARTES AND			
	Method performed: Ente	rococcus: IDE)	X Enterolert® - Quanti-Tray®/2000	

Rev 02/12

_Date Reported _____

Reported by _

Drop off hours: 8am-4pm M-F. Pay by check, money order, CC or COH Account. * Sample MUST be received within 30 hours of collection

Drinking Water Submission Form Houston Department of Health and Human Services Bureau of Laboratory Services

Water Laboratory 2250 Holcombe Blvd. Houston, TX 77030 Phone: 832.393.3939

NELAP Cerificate # T104704253 USE BLUE OR BLACK INK ONLY NO PENCIL

www.houstontx.gov

Date & Time received

Public Systems Only: 7-digit PWS ID # Payment Method: COH Account No: Assigned by TCEO __/__/__/__/__/__/ Name of Public Water System: Check or Money Order Name _____ Return Address _____ The results contained in this report Address apply only to the 1 (one) sample described below. Please retain this City _____State ____ Zip ____ report for your records. Phone (_____) _____Email _____ SAMPLE SITE / COLLECTION DATE & TIME (REQUIRED) ANAL YSIS STARTED Month Day Year Time Collected _____AM / PM Sample Site (address or other description, not sample site #) Sampler Name _____ Phone ____ ___ County ____ SAMPLE TYPE SYSTEM TYPE PUBLIC WATER SYSTEMS ONLY Water Source: CHECK ONLY 1 BOX ☐ Groundwater (well) CHECK ONLY 1 BOX Depth of well _____ft ☐ Public ☐ Routine / Distribution □ Construction ☐ Surface Water □ Raw: well # _____ (Lake, River) ☐ Private/ Individual ☐ Special DISINFECTANT RESIDUAL: □ Other: _____ ☐ Repeat for sample # mg/L ☐ Free chlorine OR ☐ Total chlorine REPEAT SAMPLES are required when Coliform organisms are FOUND Routine/Distribution samples will NOT be in Routine / Distribution samples analyzed with out a Disinfectant Residual recorded LABORATORY RESULTS Test Method Used: SM9223B ☐ Chlorine content of the sample was not determined before analysis COLIFORM BACTERIA ORGANISMS:

UNSUITABLE FOR ANALYSIS (see below) Total Coliform □ Sample too old. Not received within 30 hours of ☐ FOUND ☐ NOT FOUND collection Sample leaked / bottle cracked in transit E. coli □ Quantity insufficient for analysis (100mL required) ☐ FOUND ☐ NOT FOUND □ Form Incomplete / (w/Errors circled) Inconclusive result ANALYZ ED BY: _____ READ BY: ____ Sample has excessive color / turbidity Excessive Chlorine residual Other reason: DESCRIBE Water of satisfactory bacteriological quality must be free of coliform organisms NOTE: Data reported meets or exceeds all NELAC required QC criteria unless noted above. Reported by:

Signature:

Laboratory Supervisor/Microbiologist / Other ___Date: ____ Submit to TCEQ / Public Drinking Water MC - 155, PO Box 13087, Austin, TX 78711512-239-4691 rev0311 Fax Positive to 512.239.3666

Current DW Form 8/2/17



CITY OF HOUSTON

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CONSUMER HEALTH SERVICES BUREAU
8000 N STADIUM DR 2ND FLOOR
HOUSTON, TX 77054
832-393-5100

FOOD MICROBIOLOGY REPORT

Accoun	t #		
Laborat	ory Sample ID:		
Date Re	eceived:	Date/Time Collected:	
Sample	Accepted by:	Name of complainant:	
Descrip	tion of Sample:	(1) Name of Product:	
		(2) Point of Collection/Address:	
		(3) Manufacturer:	
Was an	yone ill? Yes No	How many? Attending Physician, if any:	
Describ		ns, time of onset, duration):	
		, chemicals, foreign objects (glass, hair, etc.), describe fully:	
		LABORATORY FINDING	
1.	Sample Description Receipt TC:		
	SPC/ml or g: PCC/ml or g:		
2.		tion: °C RESULTS:	
	SPC/ml or g: Staph. Aureus/g: Total Coliform M Fecal Coliform M	MPN/100 ml	

Date/Time Received

Houston Department of Health and Human Services Bureau of Laboratory Services 2250 Holcombe Blvd. Houston TX 77030-1715 832-393-3939

Microbiology Report: Dental Water Reservoir

Submitter:

Johanna K. DeYoung, DDS, MPH 8000 North Stadium Drive #26

Houston TX 77054-1823

Phone: 832-393-4876/713-859-2132

Fax: 713-794-3111

Johanna.deyoung@houstontx.gov

Dental Clinic: _			
Description of S	ample, e.g., Chair 3:		
Date and Time o	f Sample Collection: _		
Collected by:			
Delivered by:	****		
	Lab Number	SPC/ml	
Comments:			
Test Perforn	ned Tech	Laboratory Su	pervisor/Date

	Accepted by	The Annual and the description below of the Annual		Annual to the Value approximate annual for the Value annual for the Value approximate annual for the Value annual for the Value approximate annual for the Value appr				Remarks					Control of the Contro	The state of the s	Conduction of the Conduction o	The state of the s	Control of the Control of	
	Temp.							Freezing Point - "H			To the second of		Address of the contract of the	A CANADA	To condition the state of the s		na adoparajul de analogo de la constanta de	
	Time	e d E d	e e g	amp	m e E C		Growth	Mot Found										
	Date				,		DMSCC/ESCC	Somatic Cell Count / ml			Andrew Market Control of the Control					And the state of t		
\	-	Collection	Plant	Sanitarian	Laboratory		DWR	SCC Raw Count								militario del mante del ma		
TEXAS DEPARTMENT OF STATE HEALTH SERVICES GRADF "A" RAW FOR RETAIL DAIRY	50 15	Laboratory	Identification		ò	- I - versit - 11 is final position of the manufacture designation of the control	Coliform Count CPC/PCC	per ml. or 1.0 per g.										
TATE HEAL			Location	9	<u>.</u>			SPC 1:10 1:150 per mil/ org.		en alaka sari endak di dilangan interdesian	The state of the s		mengalam kempungan pengalam dan					
NT OF S	-						Standard Plate Count	1100	3									
ARTMER A" RA	=					*	S	State Code No. 1:10					enn dillen variation and disk made of about					
EXAS DEP) 							Kind										
- G	_					NO		Size	777777	* with a speciment with a small and a speciment of the sp					Mayor Hamilton and Anna Anna Anna Anna Anna Anna Anna		Department of the second	
0	Ì)				TIFICATI		Prod. Code Date	7	www.comandicalana		- Tuber of the second s		October in the control of the contro			* Unique and Proper Angles	
	e medicina esperance			ge (haar) . Here'l (houses him her house) bestellight i dealain, ann ghann		ANALYST IDENTIFICATION		Brand and Plant Code No.						Prince Pr	The control of the co		er producer souther stars over all models and the souther sout	
				AND CONTRACTOR OF THE PARTY OF				E 4	The second secon								and the control of th	
Report to:				Action 1 transce 1 t 1919 of electronic Action and Action and	SSF		man or estimate contact parameter and contact of the contact of th	Sample	The state of the s			Providence Act of the Control of the	2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	The second secon	d design of the state of the st	The second secon		

Accepted by Remarks ပ္ Temp. .4.8 Found See Found Found See E E E E E E E E Time Growth Inhibit Date Phos. per mil. or per g. Laboratory Coliform Count Collection Sanitarian Plant 1.0 RETAIL DAIRY PRODUCTS ANALYSIS Laboratory Identification S.P.C. per ml. or g. Standard Plate Count Location ld. No. TEXAS DEPARTMENT OF HEALTH 1:100 1:10 Code Kind Size Code ANALYST IDENTIFICATION Pro-duct Code Date Temp. Brand

C and
Plant Code No. Report to: Public Hearth Region: exas Sample No. 9 S က 4 9 œ

Form No. G-21 (Rev. 7/85)

TEXAS DEPARTA

Report To:
PHR:

TEXAS DEPARTMENT OF STATE HEALTH SERVICES BULK MILK ANALYSIS

Accepted by

Reported

Link

Date

			1			CICITE		Collection		***	
)						Laboratory	1			8.18	
cport Fo:	***************************************					Identification		Plant		n, e	
HR:	Tayas				<u>-i</u>	Location	-	Sanitarian	ë	ni e	
	, texas					io Ne		Laboratory	۲	E *	
ANC	ALYST IDEN	ANALYST IDENTIFICATION			Transferritoria de la companya del la companya de l					And the second s	
			ST	ANDARD PL	STANDARD PLATE COUNT		Growth	to:	3 1		
Sample No.	Temp.	Producer Producer No.	1:100	1:1000	S.P.C. / ml.	Somatic Cell Count / ml.	ION	Found see	Freezing Point	Remarks	£
video de la composição de											
- Co.											
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Form No. G-84 (Rev. 02:08/05)

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ICAA	O DOHO DAIR	RY WATER FORM	[[] = = [] = []	
Testing House	ston Department	of Health and Human Servi Laboratory Services	rices Receipt 1	emperature: °C
Address:	2250 Holco		Lab Spec	imen #:
Addiess.		TX 77030	Date / Tim	ne Received:
			D-1-1/21	
Phone:		393.3939	Date / I'm	e Analyzed:
Lab ID#:	48	012	Date / Tim	e Reported:
SAMPLE IDE	NTIFICATION			
Plant / Farm Pe	rmit #:	Plan	t / Farm Name	
Send	Sanitarian:		anni ranio,	
Sample	Address:			
Results	City, State, Zip:		•	
	Phone:			
SAMPLE SITE	/ COLLECTION			
	cted:/			
Sample Site:			***************************************	
Sa nitarian/Phone	3 :			
SYSTE	M TYPE	SAMPLE TYP	E	WATER SOURCE
Farm		☐ Well Recirculated:		Groundwater (well)
☐ Plant		☐ Public ☐ Reclaim	Glycol	
Other		Other	☐ Sweetwater	☐ Surface
				Other
TEST REQUES	STED:	Coliform Organisms	∏ Hate	erotrophic Plate Count (HPC)
		boratory Use Only-DO N	OT write helow)
Coliform Orga	nisms:	,,,,	or write below	,
Test Method Use	ed: Colilert F	P/A MTF (Multiple Tul	bes or P/A)	Analyst:
Total Co	liform	NOTFOUND <1 or <1.1 /	100 mL	☐ FOUND ≥ 1 or ≥1.1/100 mL
E. coli		NOT FOUND <1 or <1.1 /1	100 mL	☐ FOUND ≥ 1 or ≥1.1/100 mL
	Plate Count / m	L at 35°C:		
Te st Method Use	ed: Petrifilm	☐ Pour Plate	*****	CFU / mL
A MPLE UNSU	JITABLE FOR A	NALYSIS		
Sample too old Quantity insuff Form incomple	d. Not received with	nin 30 hours of collection. (100 mL required)	Sample has e Sample leake Other reason.	xcessive color / turbidity. d / bottle cracked in transit. DESCRIBE;

TSB/NUTRIENT BROTH

QC FREQUENCY: Each Lot on receipt

QC PROCEDURE: Incubate one uninoculated bottle per lot received @ 35± 0.5 for 48 hours and check for growth.

ACCEPTABLE = A, No Growth
UNACCEPTABLE = U, Discontinue use and Notify Supervisor immediately

promise and an appropriate the party of the	constitution	DIRECTOR STREET	Service contraction of	 Salar Salar Sa	Acutation as earness		district the second second	housens to reserve	3		
COMMENTS										1	ı
Tech	Z								.9	je;	;e;
Lot #	303214-1								Date:	Date:	Date:
Total # Received	20								od by:	ed by:	ad by:
Acceptability	A								Reviewed by:	Reviewed by:	Reviewed by:
Uninoculated	NO GROWTH								Date:	Date:	Date:
Date Tested	12/15/2009										
Date Received	12/9/2009			and the second s					Reviewed by:	Reviewed by:	Reviewed by:

BI -ANNUAL QC PIPETORS DATE:

PIPETTOR CALIBRATION 10 weighings with separate tips for each weighing	**To be done every six months**
3M 1mL Electronic Pipettors	
Month: Pipettor: Analyst:	Month: Pipettor: Analyst:
Average: 0 Deviation 9 #DIV/0! Corrective Action:	Average: 0 Deviation % #DIV/0! Corrective Action:
Month: Pipettor: 1mL # 3 Analyst:	Month: Pipettor: Analyst:
Average: 0 Deviation 9 #DIV/0! Corrective Action:	Average: 0 Deviation 9 #DIV/0! Corrective Action:
Month: Pipettor: Analyst:	Month: Pipettor: Analyst:
Average: 0 Deviation % #DIV/0! Corrective Action:	Average: 0 Deviation % #DIV/0! Corrective Action:

City of Houston Health Department Water & Dairy Laboratory 2250 Holcombe Blvd., Houston, TX

INCUBATOR # 1B

JULY 2012

Brand Precision

Acceptable Range 31.0-33.0 °C

Location Room B148C

Thermometer # 29 CF = 0.0

Thermometer # 25 CF = - 0.4

AM TEMPERATURES TAKEN BEFORE 9:00 AM PM TEMPERATURES TAKEN AFTER 1:00 PM

Date	MPERAI	URES TAK		OKE 9:00	Init.	ICMPERA	TURES TAK		CK TOUPA	n Init
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31	 TR = ther	mometer rea	ading w/C	F = with c	correction 1	actor		
Notes								-
Reviewed by		Date_					r	rev0712

DIRECT MICROSCOPIC SOMATIC CELL COUNT ANNUAL SINGLE STRIP FACTOR

MICROSCOPE TYPE:

Binocular with 1.8 mm oil immersion objective, rack and pinion sub-stage, condenser with iris diaphragm.

diaphragm.
Oculars, 10X (12X or 12.5X) Huygenian or wide field.
Optics provides a Single Strip of 6070 or smaller.

:	1.	Using a stage micrometer (0.1 and 0.01 divisions) measure the field diameter (D) of oil immersion objective lens in mm.
		Each analyst measures field diameter, and round to three significant figures.
		D = mm
Ź	2.	Calculation of Single Strip Factor.
		SSF= 10,000 / (11.28 X D)
		SSF= 10,000 / (11.28 X) = (round to three sig. figures)
		SSF =
:	3.	Compute DMSCC/mL, multiply number of cells counted (strip count) by the SSF.
	4.	Report somatic cell counts as DMSCC/mL, record only first two left hand digits, round as necessary.
NAME_		DATE
MICRO	SC	OPE #

THERMOMETER CALIBRATION REQUEST From Water and Dairy

Therm # Model/Serial # Two Point Calibration (if Rnown) Temperatures Date of last calibrated by? And the calibrated state of the calibrated state o	Therm #	Model/Serial #	Tura	Point	Date of last	Date to be
Temperatures known) Temperatures known)	mem #	Wodel/Serial #	Calib	ration	calibration (if	calibrated by?
	industrial constants		Tempe	eratures	known)	canbrated by:
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